
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

13078

Facility Name:

Kaiser Foundation Hospital - Anaheim

Address:

441 Lakeview Ave.

City:

Anaheim

Hospital Owner/Licensee:

Kaiser Foundation Hospitals/06000009

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Mark McCoy

Submission Date:

12/9/2013 4:35:26 PM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060 or 130061.5](#),for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-00160	Hospital Tower	441 Lakeview Ave.	Rebuild	SPC5	01/01/2016	01/01/2015

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-00160	Hospital Tower	Retrofit/Replacement Project:	No			
Facility Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18178	IL080372-0	0		2/27/2008 12:00:00 AM	09/01/2002	07/11/2012	CLOS	No

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-00160

Building Name: Hospital Tower

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00160	Hospital Tower	Rebuild
BLD-00161	Ancillary Building 1	Remain
BLD-00164	Ancillary Building 2 - Material Management	Remain
BLD-00165	Ancillary Building 3 - PTOT Wing	Remain

Report Year:

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Report Status: **Data Last Update:** 12/09/2013

Submission Date: 12/09/2013

Print Date: 12/11/2013 1:50 PM

Report Year:

2013

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Report Status: **Data Last Update:** 12/09/2013

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Report Year:

2013

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Report Status: **Data Last Update:** 12/09/2013

Submission Date: 12/09/2013

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Report Status: **Data Last Update:** 12/09/2013

Submission Date: 12/09/2013

Print Date: 12/11/2013 1:50 PM

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building Number:	BLD-00160	Building Name:	Hospital Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Nursing	N/A		
Building Number:	BLD-00160	Building Name:	Hospital Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Intensive Care	N/A		
Building Number:	BLD-00160	Building Name:	Hospital Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Pediatric Adolescent	N/A		
Building Number:	BLD-00160	Building Name:	Hospital Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Obstetrical Ante Postprtum	N/A		

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Anesthesia

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pharmaceutical

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical
Cesarean/Deliv

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Recovery

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Newborn/Well Baby

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Emergency

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Rehabilitation
Therapy

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Renal Dialysis

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

OutpatientSurgery

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

CentralPlant

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Medical/Surgical
(Include GYN)

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Perinatal (exclude
Newborn / GYN))

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pediatric

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Coronary Care)

N/A

Building
Number:

BLD-00160

Building Name:

Hospital Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care
Newborn Nursery

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-00160

Building Name:

Hospital Tower

Type of Service Provided

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Surgical | <input checked="" type="checkbox"/> Obstetrical
Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation
Therapy |
| <input checked="" type="checkbox"/> IntensiveCare | <input checked="" type="checkbox"/> Anesthesia | <input checked="" type="checkbox"/> Obstetrical
Recovery | <input checked="" type="checkbox"/> Renal Dialysis |
| <input checked="" type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab | <input checked="" type="checkbox"/> Newborn/
WellBaby | <input checked="" type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input checked="" type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input checked="" type="checkbox"/> Obstetrical
Ante/Postprtum | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear
Medicine | <input checked="" type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input checked="" type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input checked="" type="checkbox"/> Administration | | |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00160

Building Name:

Hospital Tower

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00161

Building Name:

Ancillary Building 1

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00164

Building Name:

Ancillary Building 2 - Material Management

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-00165

Building Name:

Ancillary Building 3 - PTOT Wing

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Psychiatric
NursingRadiological/
ImagingNewborn/
WellBabyOutpatient
SurgeryObstetrical
Ante/Postprtum

Pharmaceutical

Emergency

Central Plant

Intermediate
Care

Dietetic

Nuclear Medicine

Support
Services

Skilled Nursing

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: **BLD-00161**

Building Name: **Ancillary Building 1**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: **BLD-00164**

Building Name: **Ancillary Building 2 - Material Management**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-00165**Building Name: **Ancillary Building 3 - PTOT Wing****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00161

Building Name:

Ancillary Building 1

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00164

Building Name:

Ancillary Building 2 - Material Management

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-00165

Building Name:

Ancillary Building 3 - PTOT Wing

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**